

much of the rest of the world. I think most of us are working on that issue. I think we are going to have a hearing next week in the Finance Committee to see if there is any relationship in terms of the trade aspect of it—with Canada, for example, where you can send goods from this country that cost a certain amount, and the Government up there says they will cost less. Is that part of a trade problem? I think it is something we ought to talk about.

Also, of course, one of the things we have tried to fix—and I hope we continue to try to do something about it—is putting a limit on noneconomic damages for liability in health care. We have tried to pass that. We tried to pass it in the Wyoming Legislature. I think, hopefully, they will continue to do that.

But what it has done in our State—and I think in a number of other States—is it certainly has raised the costs because the cost for malpractice insurance for practioners has gone up a great deal. It has also caused some practitioners, particularly OB/GYNs, to not serve any longer. Again, in a State such as ours, where there may be just one provider in a community, if that person does not provide services, then there is no one there and people have to go miles and miles to find care.

So it has a great impact. Not only is it the impact of increased costs to the provider, which he or she passes on to his or her patients, but it also has caused practices to be quite different and to be overly general about care. A number of years ago, if you hurt your arm, you would go to a general practitioner, he would fix it, put a cast on it, and you would go home. Now you would go in and: Oh, my gosh, you hurt your arm? You better see an arm specialist. We need to take some tests. We need to have an MRI and a few other things—all of which make care more expensive than it used to be. Some of that cost is simply for protection against malpractice lawsuits. So that is one of the things we can do.

We are seeing more and more small businesses being unable and unwilling to help provide health care for their employees. So there are all kinds of different problems that have arisen.

I think people, also, are probably less responsible for their own health. This idea that we should take care of ourselves—a little better to avoid sickness—everyone agrees with that idea, but not everyone participates in that. So, again, we have some things that could be changed.

I met a gentleman who is promoting a new program, running a new program called Be-well. It is a program for employers who create health contracts with their employees under the proposition that the employer says to the employee: I am willing and able to cover your health care expense, your insurance expense. However, you must agree to do some things for your own health. You need to agree to exercise. You need to agree to do some things.

You need to agree to this Be-Well program.

Most everyone agrees with that idea, but often there is not any real incentive to do that. This program provides an incentive to people to be more responsible for themselves.

So we face some real challenges. Physicians and providers are retiring earlier because of some of these pressures. Hospital vacancy rates for registered nurses, radiology technicians, and pharmacists have reached more than 10 percent. There are a number of hospitals that face rather severe shortages. We are also facing dental shortages. Again, in low population States, we are seeing the dental providers becoming an older group. Many are soon to retire. Frankly, there are not enough people standing in line waiting to replace them. We are working on trying to get a multistate dental training arrangement and also urging some assistance for underserved areas in this area as well.

So what I am interested in seeing is if we can start a little dialog on the broader issues that affect health care and health care costs and the ability to have access to health care for people in this country.

I will continue to work on this issue. We have been very involved in our office on rural health care. We are very pleased with some of the things that were done in the bill that we passed last year for Medicare.

I was very pleased that we passed that bill. To be sure, it is not finalized, but it is a first step in 30-some years to begin making changes. So we have had changes taking place with people but not a lot of changes in terms of how we provide health care.

Last year we had a forum on rural health care which is a little unique, but some of the problems are the same. We began to discuss those problems and to look to the future. That is what we have to ask, what is health care going to look like 5 or 10 years from now, if we can make that sort of projection, and then begin to look at what we can do to get where we want it to be rather than where we think it will be if we do nothing.

There are some ideas out there. I don't suggest they are all the best, but some are being talked about—tax credits to have a medical setaside for payments that you could keep tax free and then use it. In many cases you could use it for the first dollar cost, and then all you have to buy is a higher level insurance, which is much cheaper, catastrophic insurance, rather than the first low dollar, which is much more expensive. We are going to be working on a better medical savings program.

Association health plans have been talked about. The idea of insurance is to get enough people into the package so you can level out the cost between those who are less healthy and those who are more healthy. But if you do not have large numbers, that doesn't happen. There is some objection to

that in terms of the States. I am not necessarily supporting all these ideas. But, for example, if you were a service station operator, you could be part of a national service station operators insurance program.

Some have talked about the idea that everyone, even if they had to be helped, should have insurance. We require insurance on your car. We don't require it, but somebody else has to pay for it. So that is something we should talk about.

Better education efforts for consumers to make healthier choices, certainly that is something we ought to take seriously.

As I mentioned, medical malpractice reform is clearly something we ought to do. We, obviously, have been blocked in the Senate from doing that.

There are a lot of issues we need to look at, and they deal with where we are going to be in a few years and where we are now. But we will be worse off in a few years unless we begin to deal with some of those issues.

I appreciate the time and look forward to continuing to have the debate. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Kentucky.

Mr. McCONNELL. Mr. President, I say to my good friend from Wyoming, before he leaves the floor, I share his frustration over our failure to act on any kind of medical malpractice reform. We have tried a broad approach. We have tried a narrow approach. We will be back again to try another narrow approach. We can't even seem to get cloture on the motion to proceed. That is how dug in the Senate seems to be against any effort to lower those liability insurance premiums for doctors. The Senator from Wyoming brings up a very important issue. I thank him.

RICHARD CLARKE

Mr. McCONNELL. Mr. President, I come to the Chamber this morning to talk about Richard Clarke's testimony yesterday.

We all now know who Richard Clarke is. He has sort of burst on the national scene with his effort to defeat President Bush. Richard Clarke was the man in charge of counterterrorism under the previous administration for 8 years. During those 8 years, we had three terrorist attacks against America: In 1993, the first attack against the World Trade Center in New York; against the U.S. Embassies in Africa in 1998; and against the USS *Cole* in 2000.

The most aggressive action, apparently, Mr. Clarke was able to convince his superiors to take during those years was to launch a few cruise missiles at a single terrorist camp in Afghanistan and take out a pharmaceutical factory in Sudan—not a really robust response to multiple terrorist acts against American interests both in the United States and overseas.

Now Mr. Clarke has the gall to come forward and suggest that President

Bush was not particularly interested in the war on terrorism or in going after al-Qaida. But interestingly enough, back in an August 2002 interview with the news media, Mr. Clarke himself said the Bush administration, in the spring of 2001, sought to increase CIA resources for covert action fivefold to go after al-Qaida. Back in 2002, he was singing an entirely different tune than he was portraying either in his testimony yesterday before the 9/11 Commission or in his new book, which I am sure he hopes will be a best seller and help defeat President Bush.

But before he had some epiphany and went in a different direction, in August 2002, he said the Bush administration plan was actually more aggressive than Clinton's, and that the Bush administration changed the strategy from one of rollback by al-Qaida over the course of 5 years, which it had been under the Clinton years, to a new strategy that called for the rapid elimination of the al-Qaida terrorist network.

That is what Mr. Clarke was saying in August of 2002—quite different from what he said yesterday before the 9/11 Commission or in his new book.

Also in this August 2002 interview, Clarke noted the Bush administration, in mid-January of 2001—before the 9/11 attack—decided to do two things to respond to the threat of terrorism: "One, to vigorously pursue the existing policy, including all the lethal covert action finds which we have now made public, to some extent; the second thing the administration decided to do was to initiate a process to look at these issues which had been on the table for a couple of years and get them decided."

In other words, what Clarke was saying in 2002 to members of the press was that the Bush administration's response to the war on terror was much more aggressive than it was under the Clinton years.

Now he is singing an entirely different tune. This is a man who lacks credibility. He may be an intelligent man, he may be a dedicated public servant, but clearly he has a grudge of some sort against the Bush administration. If he was unable to develop a more robust response during the Clinton years, he would only be able to blame himself. He was in charge of counterterrorism during those 8 years. How could the Bush administration be to blame in 8 months for the previous administration's failure over 8 years to truly declare war on al-Qaida?

Let me be clear, I do not believe the Clinton administration is responsible for September 11. Rather, I believe Osama bin Laden and his al-Qaida terrorist network are responsible. I also believe there exist other terrorists organizations that share al-Qaida's goal of murdering innocent civilians who oppose their violent and extremist ideology. These terrorists don't hate us because of our policies. They hate us because of who we are. And if we don't work together to bring the fight to the

terrorists, they will almost certainly bring it to us.

Bringing the fight to the terrorists is, of course, exactly what President Bush has been doing.

Instead of partisan finger-pointing, we should instead be working to bolster our intelligence infrastructure, continue our aggressive efforts to monitor, apprehend and bring to justice terrorists around the world, and improve our ability to defend America and its ideals from attack.

Although work remains to be done, I believe the Bush administration has made truly admirable progress in the war on terrorism. Who could argue with a straight face that America is not safer today than it was on September 10, 2001? The Taliban is gone. Saddam Hussein is gone.

We have destroyed all—not just one—all of al-Qaida's training camps in Afghanistan. All of them are gone from that country.

We have apprehended or killed two-thirds of al-Qaida's leaders.

We have launched international efforts to make it difficult for terrorists to raise or transfer their funds to fund their deadly activities.

We have worked with allies across the world to break up al-Qaida cells and other terrorist networks.

We passed the PATRIOT Act, which provides U.S. law enforcement better capabilities to monitor, apprehend, and bring to justice terrorists plotting in the United States.

We have won new allies in Pakistan and Uzbekistan. And by engaging these countries we have scored further victories against terrorists.

As I said earlier, there has been the end of the regime of Saddam Hussein who provided direct material support to Palestinian terrorists and who offered safe haven to other Islamic terrorists.

We have rounded up and continue to kill foreign terrorists in Iraq. These terrorists would rather be blowing up buses in midtown Manhattan. Believe me, that is where the terrorists would rather be on the attack. Instead they are in Iraq. That is where the war on terror is going on, right in Iraq.

While we mourn the loss of every American soldier and innocent Iraqi citizen, we are glad we are dealing with al-Qaida over in the Middle East and not on American soil.

Finally, I think it is important to remember what is happening in Libya. Prime Minister Blair is meeting with the Libyan leader today. He has been somewhat born again. He is now denouncing terrorism. His weapons of mass destruction are now being eliminated.

It is noteworthy that Qadhafi seemed to have gotten religion in March 2003, the same month we launched the invasion of Iraq, and seemed to have fully converted shortly after Saddam Hussein was found hiding in a hole. Clearly, our Iraq policy is helping reduce or eliminate rogue regimes with weapons of mass destruction.

Let me conclude by saying by any objective standard, the war on terrorism is going well. I think Mr. Clarke's efforts to convince the American public somehow President Bush was inattentive to the war on terror or obsessed with Iraq are simply foolish and erroneous and will not be believed by the American people.

I yield the floor.

THE PRESIDING OFFICER (Ms. MURKOWSKI). The Senator from Hawaii.

WAR ON TERRORISM

Mr. AKAKA. Madam President, I rise today to discuss the war on terrorism and the situation in Iraq on the 1-year anniversary of Operation Iraqi Freedom.

I had the honor and privilege of traveling to Iraq and Afghanistan over the recent recess to visit our troops. I had the similar honor of visiting them in the medical center at Ramstein, Germany.

I report to my colleagues the troops with whom I met were in good spirits. They are, of course, eager to return home to their loved ones, but they are also proud of the work they are doing to stabilize Iraq and assist the Iraqi people in building a democratic state. I was proud of them, proud of the leadership of our military, and proud of all the troops there.

As a veteran of World War II, I was proud to see in the troops the same dedication to duty, mission, and country I remember so well from my own comrades in arms. In Ramstein, I was impressed with the wonderful support our wounded were receiving from the medical staff, and I was equally impressed with the eagerness our wounded expressed to return to the sides of their comrades. In that eagerness to rejoin their units, they shared a bond with all their past brothers in uniform.

In Iraq, I visited the newly deployed Stryker brigade in Mosul. This unit is demonstrating in the field for the first time a powerful new capability. But it has also been given the difficult objective of patrolling a large area. They are still waiting for Iraqi forces to be trained and adequately equipped to supplement their effort. Clearly, one reason why the security situation still remains so tenuous is the failure to train and field sufficient Iraqi security forces. But the apparent ambush of two American civilians recently by Iraqi police indicates even some of the newly deployed security forces cannot be trusted.

According to the Coalition Provisional Authority, or CPA, we are only about 30,000 short of the approximately 236,000 security forces planned for Iraq. This may be so in terms of absolute numbers, but it is not a reflection of how well equipped they are, how well trained they are, and how well led they are.

For example, the CPA carries about 60,000 police on payroll, but only 2,300 of those have been fully qualified.